

F filed 6-1-15

## AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Page 2 of 2

Enter Correct Information Concerning Person Whose Birth Record is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER		
	Sara Ruth Epton				139-15-017073		
	Month	Day	Year	City or Town	County	State	
	BIRTH DATE May	14	1915	BIRTH PLACE Spartanburg		SC	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	name of child			unnamed		Sara Ruth Epton	
						1	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF REGISTRANT <i>Sara E. Wilson</i>				RELATIONSHIP self		
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <i>Dec 14 1979</i>			SIGNATURE OF NOTARY <i>Ernie A. Brown</i>		NOTARY COMMISSION EXPIRES <i>Oct 28th 1984</i>	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				RELATIONSHIP <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		
NOTARY [AFFIX SEAL]	SUBSCRIBED AND SWORN TO BEFORE ME ON <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 19 <input checked="" type="checkbox"/>			SIGNATURE OF NOTARY <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		NOTARY COMMISSION EXPIRES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 19 <input checked="" type="checkbox"/>	
DO NOT WRITE BELOW THIS LINE							
ABSTRACT of Supporting Evidence [for health dept. use]	NAME AND KIND OF DOCUMENT [INCLUDING BY WHOM ISSUED AND DATE OF ISSUE]					DATE ORIGINAL DOCUMENT WAS MADE	
	1	Own marriage license #59023 filed Spartanburg Co. SC					Oct. 9, 1945
	2						
	3						
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE							
1	Sara Ruth Epton (age 30 yrs)						
2							
3							
DHEC No. 613	ADDITIONAL INFORMATION						
Rev. 2/75	I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.		ASSISTANT STATE REGISTRAR <i>Ann E. Owens</i>		EVIDENCE REVIEWED BY <i>Barbara A. Price</i>		
<i>0642</i>					DATE FILED <i>12-20-79</i>		